Date Completed:	Date Received:

MAINE DEPARTMENT OF HUMAN SERVICES COMMUNITY SERVICES CENTER APPLICATION FOR CHILD CARE SERVICES

		AI I LICE	· i i O i ·			CANE SE	. 1 \ \ 1 \	L			
Applying For:	Voucher New Applicant	Subsidi TANF T			led	letermination [Wait	List Update		
Applicant Nam	ne:			F	Re	lationship to	Child	ren:			
Address:											
	Street, RFD,	PO Box		To	ow	n/City		Z	ip	(County
Town of Legal	Residence:			ŀ	Ho	me Phone:					
Applicant's En	_				W	ork Phone:					
Mother's Occupa	· · ·		Wor k	Full Time		Part Time	Stu	dent	Full Time		Part Time
Father's Occupa	tion:		Wor k	Full Time		Part Time	Stu	dent	Full Time		Part Time
If parent is a stu	ident, what is the	anticipated g	raduati	on date?							
A Househol	d Information:	(Check all	that a	pply)							
Ma	rital Status		L	iving Arrar	ng	ement			Do You Re	ec	eive?
Married			Alone	with Childre	en			TAN	F or PAS		
Single			With Spouse				Subsidized Housing			 າg	
Child*			With	Relative				Food	d Stamps		
			With	Non Relative	е			Med	icaid		
			With	Other				ASP	IRE		

B. List All Members of the Household: (Whether they use child care or not)

- 1. List all members of the household Applicant's name should be entered first.
- 2. List sex of all household members
- 3. List birth date of all household members
- 4. List Social Security # of all household members
- 5. List . Relationship to Applicant to all household members
- 6. List Ethnicity of all household members. List all that apply: **H/L** = Hispanic/Latino, **NA/A** = Native American/Alaskan, **A** = Asian, **B/AA** = Black/African American, **H/PI** = Hawaiian/Pacific Islander, **W** = White
- 7. Put Y if care is needed for this child, N if care is not needed
- 8. Put Y if this child is receiving child care through a non-voucher source such as Subsidized Slots, ASPIRE, etc.

1. Name	2. Sex M/F	3. Date of Birth m/d/yr	4. Social Security #	5. Relationship to Applicant	6. Ethnicity	7. Child Care Needed Y/N	8. Child in Other Child Care
				Self		N	NA

^{*} Child open to Child Welfare or in Guardianship status.

SOURCE	Name	Weekly	Biweekly	Monthly	Annually	Documentation Needed
ANF (Former AFDC)						Grant letter, check
SI						Grant letter, check
ocial Security						Grant letter, check
A Pension						Grant letter, check
ther						Grant letter, check
hild Support						Court order
limony						Court order/check
orker's Comp						Grant letter, check
nemployment Comp						Grant letter, check
isability Payments						Grant letter, check
elf Employment (Adj.						Tax return
ental Income						Tax return
Vages/salary**						Wage stubs
/ages/salary**						Wage stubs
Other						<u> </u>
otal:						
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If m	Total earned income	e <u>before</u> any ort) Self-empl	deductions.			
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If m This applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of supplement	Total earned income najor source of supporeceived in a shorter has been in operation the self employment upport) Seasonal or course of the work.	e before any period of time on only a part time self e and average	deductions. oyment income e. If the twelve t of the year, in sed on anticipate f-employment in	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If m This applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of surveyaged over the season or NEW EMPLOYMENT: A standetermine eligibility. Verificate. Child Support State	Total earned income najor source of supported in a shorter has been in operation the self employment upport). Seasonal or course of the work. The self enter the self employment is course of the work. The self enter t	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If more than the second of the Provider may calculate the season of the Provider may calculate the season of the Provider the season of the Provider the season of the Provider may calculate the season of the Provider than the	Total earned income najor source of supports that sheen in operation the self employment upport). Seasonal or course of the work. Eatement of hourly rate ation needs to be consument of the self employment that in the self employment in the self employm	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If more than the provider of such than the provider may calculate the season of the Provider may calculate the season of the provider of such than the provider of such than the provider of the season of the provider of the p	Total earned income najor source of supporteceived in a shorter has been in operation the self employment upport). Seasonal or course of the work. Eatement of hourly rate ation needs to be considered to be considered to support.	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If more than the provider of a business or the Provider may calculate the provider of succession of the provider of the	Total earned income najor source of supports a shorter is has been in operation the self employment apport). Seasonal or course of the work. The self entire is attempted to be considered to be considered to be considered to support information for its support or child support.	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If more than the provider of the provide	Total earned income najor source of supporteceived in a shorter has been in operation the self employment upport). Seasonal or course of the work. The second of the self employment at the self employment of the self employment of the self employment of the self employment of the support of the support of the support of the support of the self employment of the support of the sup	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If months applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of substances or the Season or the Provider may calculate (If supplemental source of substances or the Provider may calculate (If supplemental source of substances or the Provider may calculate (If supplemental source of substances or the Please over the season or the Please complete the followork of the I do not currently receive to the I do not currently receive the I do not currentl	Total earned income najor source of supporteceived in a shorter has been in operation the self employment upport). Seasonal or course of the work. The second season to be considered as a support of the	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If months applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of supplement	Total earned income najor source of supporteceived in a shorter has been in operation the self employment upport). Seasonal or course of the work. The self employment attement of hourly rate atton needs to be considered in the support of the support of child support for a child support	e before any period of time on only a part time self and average appleted after	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa f-employment if e hours worker 6 weeks of en	e month averancome will be ated earnings. Income which a per week from	ge is not an ac averaged for t supplements	ccurate reflection of the months in operation of the months in operation other income shall be
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If months applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of sure averaged over the season or NEW EMPLOYMENT: A standetermine eligibility. Verificate E. Child Support State Please complete the follood I have a court order for child I do not have a court order it do not currently receive *I do not currently rec	Total earned income najor source of supporteceived in a shorter has been in operation the the self employment upport). Seasonal or course of the work. The self employment upport of the work attement of hourly rate ation needs to be considered in the self employment of the child support for a child suppor	e before any ort) Self-emplored of time only a part time self e and average apleted after or all childre	deductions. oyment income e. If the twelve t of the year, ir sed on anticipa e-employment if e hours worked 6 weeks of en	e month avera ncome will be ated earnings. Income which d per week fro nployment.	ge is not an acaveraged for the supplements of the employ	ccurate reflection of the months in operation of the months in operation other income shall be the er can be used to
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If m This applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of sure averaged over the season or NEW EMPLOYMENT: A state determine eligibility. Verificate E. Child Support State Please complete the follood I have a court order for child I do not currently receive *I do not currently *I do not currently receive *I do not currently *I do not current	Total earned income najor source of supporteceived in a shorter has been in operation the self employment upport). Seasonal or course of the work. The self enter the self employment attement of hourly rate atton needs to be considered as the support of the support of the child support for a child support in the amount	e before any ort) Self-emplored of time and average and average and childre	deductions. oyment income e. If the twelve t of the year, in sed on anticipal f-employment i e hours worked 6 weeks of en n. per Week	e month averancome will be ated earnings. Income which diper week fromployment.	ge is not an acaveraged for the supplements of the employ	ccurate reflection of the months in operation of the months in operation other income shall be the er can be used to
GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If m This applies even when it is circumstances or a business or the Provider may calculat (If supplemental source of st averaged over the season or NEW EMPLOYMENT: A sta determine eligibility. Verificat E. Child Support State Please complete the follo I have a court order for ch I do not have a court orde *I do not currently receive *I do not currently receive *I do not currently receive I currently receive child sta I currently receive child sta	Total earned income najor source of supporteceived in a shorter has been in operation to the self employment apport). Seasonal or course of the work. The self employment attement of hourly rate atton needs to be considered as a support or child support for a child support in the amount apport in the amount	e before any ort) Self-emplored of sof \$ of \$ of \$ of \$ of \$ \$	deductions. oyment income e. If the twelve t of the year, in sed on anticipal e-employment i e hours worked 6 weeks of en n. per Week per Week	e month averancome will be ated earnings. Income which diper week fromployment. Bi-week Bi-week	ge is not an acaveraged for the supplements of the	ccurate reflection of the months in operation other income shall be the remainder of the remainder of the remainder of the remainder of the reflection of the reflection of the remainder of the reflection of the
**DEFINITIONS GROSS WAGES/SALARY: SELF-EMPLOYMENT: (If months applies even when it is circumstances or a business or the Provider may calculate (If supplemental source of surveyaged over the season or NEW EMPLOYMENT: A standetermine eligibility. Verificate Please complete the follood I have a court order for chall do not currently receive and the provided in the	Total earned income najor source of supporteceived in a shorter has been in operation the self employment upport). Seasonal or course of the work. Eatement of hourly rate ation needs to be considered in the support for child support for a child support for child support for a child support in the amount apport in the amount apport in the amount	e before any ort) Self-emplored of time self or all children of \$ of \$ of \$ \$ of \$ \$ of \$ \$ of \$ \$ \$ of \$ \$ \$ of \$ \$ \$ of \$ \$ \$ \$	deductions. oyment income e. If the twelve t of the year, in sed on anticipal f-employment i e hours worked 6 weeks of en n. per Week	e month averancome will be ated earnings. Income which diper week fromployment. Bi-week Bi-week Bi-week	ge is not an acaveraged for the supplements of the employed manner o	ccurate reflection of the months in operation of the months in operation other income shall be the er can be used to

^{*}Attach documentation of attempt to collect child support.

checks: SBI, Child Protective, and six week process.	nsed, certified o d Motor Vehicle	r registered, to . These check	ks must be don	of Human Ser e prior to paym	ents issued for	child care. This	is at least a	
Name:			Phone	:				
Address:Street , RFD, F					ID/SS#			
Street , RFD, P	O Box	Town/City		Zip				
Provider Rate Per Child:								
Full Time (30-50 hours)	3/4	Г ime (20-29 l	hours)		½Time (1-19	nours)		
Check the Type of Child Car	re: (If you are ι	unsure of wha	at type of provi	der you have,	ask the provide	er to assure ac	ccuracy,)	
Certified Child Care Home Registered Child Care Home Licensed Child Care Home Licensed Center Legal Unregulated Child Care Legal Unregulated Child Care Relative Care (Care provided	e Provider (Car e Provider (Car d in your home)	e provided in	,	Rela	ationship of Pro			
Relative Care (Care provided	•	ome)		Rela	tionship of Pro	vider		
Legal Unregulated School A	ge Program							
F. Hours Care is Needed: (i.e. 7am – 5 pm)								
		• •						
Child Monday	Tuesday	Wed	Thurs	Friday	Saturday	Sunday	Total Hours	
	Tuesday	• •	Thurs	Friday	Saturday	Sunday		
	Tuesday	• •	Thurs	Friday	Saturday	Sunday		
	Tuesday	• •	Thurs	Friday	Saturday	Sunday		
	Tuesday	• •	Thurs	Friday	Saturday	Sunday		
	Tuesday	• •	Thurs	Friday	Saturday	Sunday		
		Wed			Saturday	Sunday		
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	
Child Monday (Full time care = 30 to 50 hours		Wed	1/2care = 19 o	r less hours.)	Saturday		Hours	
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	
Child Monday (Full time care = 30 to 50 hours G. School Age Children		Wed	1/2care = 19 o	r less hours.)			Hours	

Mother
Father
Guardian
Other

I. PROGRAM INFORMATION & REQUIREMENTS

Most funding sources require that both parents be employed, seeking employment, or attending an educational training program. <u>All</u> exceptions must be clearly documented.

exceptions must be clearly documented. Circumstance	Name	Documentation Needed
Child has a diagnosed special need	110.1110	IFSP, Doctor's statement,
(cerebral palsy, autism, etc) or		Statement from professional
identified developmental delay		with knowledge of issues.
including, but not limited to the		· ·
following: cognitive, behavioral,		
social/emotional, speech, and language,		
motor, self care. (For priority status only		
 parents must be employed and/or in 		
education program)		
Child who has and/or is at risk of health,		Statement by doctor, therapist,
social/ emotional or developmental		public health, social service or
problems as a result of biological or		government agencies, schools,
environmental factors (For priority		CDS etc.
status only – parents must be employed		
and/or in education program)		William of confidence
Adult enrolled in a substance abuse		Written referral from
rehabilitation program (Voucher Only)		caseworker
Teen parent 20 or younger attending		Official School Schedules.
high school or GED program		D () ()
Open Child Protective Case		Referral from Caseworker
Parent in educational/training program		Official School schedule
Family in crisis, at risk (Voucher Only)		Statement from professional
		with knowledge of issues.
Disabled parent		Doctor's statement
Job Search (On-going Slot Clients and	,	Job Search Log
Waitlist Only)		

I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information may be provided to the central office of the Department of Human Services for use in administration of this program. I authorize agency to verify this information by whatever means necessary.

Signature of Parent/Guardian	Date
Please Attach all forms of documentation here:	

<u>ALL</u> income must be reported and documented. Failure to do so may result in denial/termination of services. Attach proof of income for at least a four-week period for <u>all</u> income sources. (Exception: For new employment, a statement of hourly rate and average hours worked per week from the employer can be used to determine eligibility. Verification needs to be completed after 6 weeks of employment.)

Return to:
.
